

Measles

Agent: Measles virus

Mode of Transmission: Primarily person-to-person transmission by inhalation of respiratory droplets or direct contact with nasal or throat secretions of infected people; however, airborne transmission via aerosolized droplet nuclei has been documented.

Signs/Symptoms: Fever, cough, conjunctivitis, coryza (inflammation of the mucous membrane inside the nose), and a typical rash on the third to seventh day after onset of symptoms.

Prevention: Measles vaccine should be given as part of the measles, mumps, and rubella (MMR) series beginning at 12-15 months of age followed by a second dose at age 4-6 years. Infants <12 months of age traveling internationally should be vaccinated with an additional dose if at least 6 months of age.

Other Important Information: Measles is highly communicable, with secondary attack rates greater than 90% among susceptible people who have close contact with the infected person. Measles elimination has been maintained in the United States since it was declared no longer endemic in 2000. While measles has been eliminated in the United States, imported cases still occur in unvaccinated persons following international travel to endemic countries, or following contact with infected travelers visiting the United States. Many imported cases originate in Asia, Europe, the Pacific, and Africa. As cases are imported and can be costly to control, it is important for individuals planning international travel to be aware of their immune status and obtain a vaccination if necessary.

Measles: 2016 Data Summary	
Number of Cases:	0
5-Year Average Number of Cases:	2.0
% Change from 5-Year Average:	-100%
Incidence Rate per 100,000:	0.0

No cases of measles were reported in Virginia in 2016. Previously, one case was reported in 2015 and two cases were reported in 2014. The five-year average of cases reported in Virginia is 2.0 per year.

Nationally, the number of cases reported in the U.S. declined from 188 cases in 2015 to 70 cases in 2016. In 2016, cases were reported in 16 states and included one outbreak in Arizona. Thirty-one cases were reported as part of the Arizona outbreak and prompted multiple vaccination clinics for susceptible clients. Over half of the reported cases in 2015 were part of a large outbreak that began in 2014 and was not contained until mid-year of 2015. The decline in U.S. cases in 2016 is likely the result of not having a large, multi-jurisdictional outbreak in 2016 similar to the outbreak seen in 2015.

While no cases were reported in Virginia in 2016, outbreaks and the importation of cases highlight the need to maintain high vaccination coverage at a local level to prevent the spread of disease.